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Attorneys for the United States of America

**UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA**

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UNITED STATES OF AMERICA,

Plaintiff,

vs.

REGINALD ANTHONY LOWE,

a/k/a "Red"

a/k/a "Reggie Lowe,"

Defendant.

Case No.: 2:16-CR-00083-JCM-NJK

**GOVERNMENT'S RULE 48 MOTION TO
DISMISS THE INDICTMENT AS TO
DEFENDANT REGINALD LOWE**

The United State of America, by and through STEVEN W. MYHRE, Acting United States Attorney, and PATRICK BURNS, Assistant United States Attorney, hereby respectfully submits this Government's Rule 48 Motion to Dismiss the Indictment as to Defendant Reginald Lowe.

Memorandum of Points and Authorities

A. Legal Standard for Government's Voluntary Dismissal of an Indictment Prior to Trial

Rule 48(a) of the Federal Rules of Criminal Procedure, governing "Dismissal, (a) By the Government," provides that, "The government may, with leave of court, dismiss an indictment, information, or complaint. The government may not dismiss the prosecution during trial without the

1 defendant's consent."

2 **B. Good Cause and the Interests of Justice Support Dismissing the Indictment as to**
3 **Defendant Reginald Lowe**

4 Good cause exists for granting the Government leave to dismiss the Indictment as to Defendant
5 Reginald Lowe. Defendant Lowe is now deceased as confirmed by the attached redacted version of
6 his death certificate. *See* Exhibit 1, Certificate of Death, Reginald Anthony Lowe, March 6, 2017.
7 Should the Court grant this motion, the hearing currently scheduled for March 27, 2017 at 10:00 AM
8 could be vacated.

9 **I. Conclusion**

10 WHEREFORE, after consideration of the included facts, points, authorities, exhibits, and
11 arguments, the United States respectfully requests that this Court dismiss the indictment as to
12 Defendant Reginald Lowe only, and vacate the hearing currently set for March 27, 2017 at 10:00 AM.

13
14 DATED this 17 day of March, 2017.

15 Respectfully submitted,

16 STEVEN W. MYHRE
17 Acting United States Attorney

18 //s//

19 PATRICK BURNS
20 Assistant United States Attorneys
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UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA

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UNITED STATES OF AMERICA,
Plaintiff,

vs.

REGINALD ANTHONY LOWE,

a/k/a "Red"

a/k/a "Reggie Lowe,"

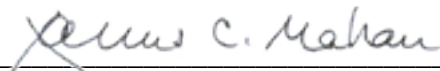
Defendant.

Case No.: 2:16-CR-00083-JCM-NJK

**ORDER DISMISSING THE INDICTMENT
AS TO DEFENDANT REGINALD LOWE**

Under Federal Rules of Criminal Procedure Rule 48(a), and by leave of Court endorsed hereon, the Acting United States Attorney for the District of Nevada hereby dismisses, as to Defendant Reginald Lowe only, the Criminal Indictment filed on March 25, 2016. Leave of Court is granted for the filing of the foregoing dismissal and the case is dismissed as to Defendant Reginald Lowe. The hearing previously scheduled for March 27, 2017 at 10:00 AM is hereby vacated.

DATED March 20, 2017.



JUDGE JAMES C. MAHAN
United States District Judge

STATE OF NEVADA
CERTIFICATION OF VITAL RECORDDEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 3936533

CERTIFICATE OF DEATH

2017003831

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATHCONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Reginald LOWE		2. DATE OF DEATH (Mo/Day/Year) January 14, 2017		3a. COUNTY OF DEATH Nye	
3b. CITY, TOWN, OR LOCATION OF DEATH Pahrump		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and Desert View Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Emergency Room / Outpatient	
4. SEX Male		5. RACE (Specify) Black		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 49		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr)		9a. STATE OF BIRTH (If not US/CA, name country) United States		9b. CITIZEN OF WHAT COUNTRY 12	
10. EDUCATION 12		11. MARITAL STATUS (Specify) 12		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Carpenter		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 7605 Paso Robles Avenue		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix)	
17. MOTHER/PARENT - NAME (First Middle Last Suffix)		18a. INFORMANT - NAME (Type or Print)		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Evergreen Memory Gardens		19c. LOCATION City or Town State Columbus Georgia 31907	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) WALTER W HARTLEY SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 626		20c. NAME AND ADDRESS OF FACILITY Pahrump Family Mortuary 5441 S. Vicki Ann Pahrump NV 89048	
TRADE CALL - NAME AND ADDRESS Sconies Mortuary 836 Fifth Avenue Columbus GA 81900					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) THOMAS D KLENCZAR SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) March 02, 2017	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 07:20		22d. PRONOUNCED DEAD (Mo/Day/Yr) January 14, 2017	
22e. PRONOUNCED DEAD AT (Hour) 07:20		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Sergeant Thomas D Klenczar 1520 E. Basin Rd Pahrump, NV 89060		23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) SHERRIE A CONNELL SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 02, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Congestive Heart Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Hypertension					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					
26. AUTOPSY (Specify Yes or No) Yes					
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)	
28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE					

STATE REGISTRAR

000663689



CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

3/6/2017

SIGNATURE AUTHENTICATED

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

